

Exhibit E

DAILY SIGN-in LOG

New York City
 School Construction Authority

PAGE 1 OF 1 (i)

NAME OF SUPERVISOR OF LISTED EMPLOYEES (PRINT)

(ii) Juan D. Lopez

FIRM <input type="checkbox"/> CONTRACTOR Thermo Tech Mechanical	<input checked="" type="checkbox"/> SUBCONTRACTOR (A)	ADDRESS (B) 528 Leland Ave Bronx, NY 10473
DAY OF WEEK <u>Tuesday</u>	TODAY'S DATE D <u>08/22/2012</u>	PROJECT AND LOCATION <u>0435 Martin Van Buren H.S. 320 Hillside Avenue 11351</u>
SCA PROJECT NO. (F)		SCA CONTRACT NUMBER (G)

1 PRINT EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER	2 LIST TRADE & CIRCLE WORK CLASSIFICATION (JOURNEY PERSON OR APPRENTICE CLASS 1, 2, 3+)	3 BASE WAGE RATE PER HOUR	4 SUPPLE- MENTAL BENEFIT RATE PER HOUR	5 UNION LOCAL # AFFILIATI ON (IF ANY) OR "NONE"	6 STARTING TIME (To be completed by ABOVE named SUPERVISOR, as soon as each employee STARTS WORK each day)	7 QUITTING TIME	8 TOTAL HOURS WORKED (EXCLUDING MEALS)	9 EMPLOYEE'S SIGNATURE > DO NOT SIGN this form if there are any blank boxes on your line.
	X A1 A2 A3 Sheet metal Installer	55.88		28	8 AM	4 PM	8 HRS	
	J A1 A2 A3+ Sheet metal Installer	JOURNAN		28	8 AM	4 PM	8 HRS	
	J A1 A2 A3+	\$	\$		AM PM	AM PM	HRS	
	J A1 A2 A3+	\$	\$		AM PM	AM PM	HRS	
	J A1 A2 A3+	\$	\$		AM PM	AM PM	HRS	
	J A1 A2 A3+	\$	\$		AM PM	AM PM	HRS	

NOTE: This form may be partially completed in advance and photocopied, leaving boxes "C" and "D" and columns 6 through 9 blank. **Columns 6 through 9**

must be completed IN INK for each daily submission

This form must be signed and dated by an officer of

the firm after it has been signed by the employees.

SCA PM-15 Exhibit 4 (JAN. 96)

> It is unlawful to make false entries on this document. <

(iii) I Gowkarran Budhu hereby certify
 that the information in this form is complete and correct.

QUESTIONS ? WAGE COMPLAINTS ?

Call SCA's **PREVAILING WAGE**
"HOTLINE" at (718) 472 - 8100

Officer's Signature

Date: July 2021